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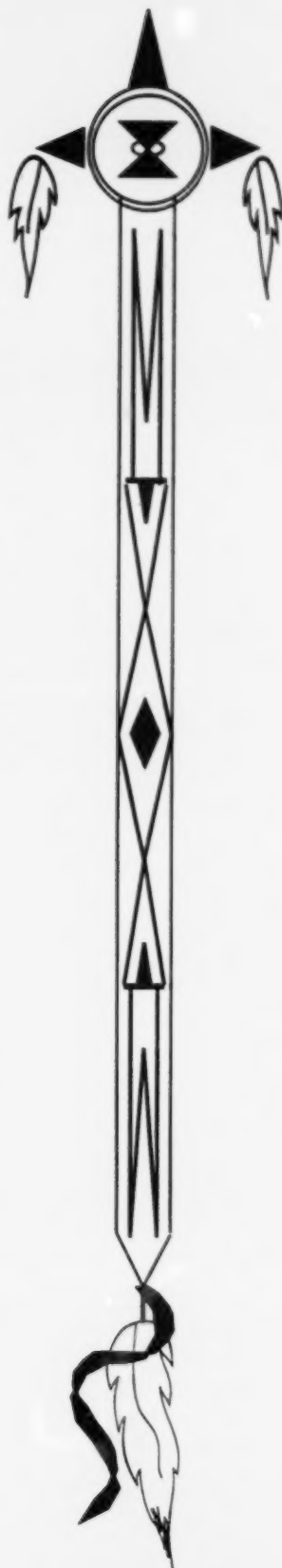
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ABSTRACT

A survey of the Native American community in the Houston (Texas) area attempted to identify needs of individuals with disabilities. The study involved consultation with local organizations, development of a questionnaire, and interviews by Native American interviewers with 155 Native Americans with disabilities. Results are reported in text and tables for the following areas: characteristics of respondents (tribal affiliation, length of residence, disability, experience with services); consumer concerns (such as access to services); and employment. Tables provide detailed findings on tribal affiliations, disabilities, services needed in past year but not received, relative strengths and weaknesses of services, and problems finding and keeping a job. Discussion of results focuses on questions of how "Indian" the respondents were and notes that concerns of the 59 interviewees who had Indian certification were very similar to those of the entire group. Recommendations address the need for greater self-awareness of the Native American community and provision of clinical services at the Intertribal Council headquarters. Appended is a description of the Intertribal Council of Houston and a listing of American Indian organizations. (DB)

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A NEEDS ASSESSMENT OF AMERICAN INDIANS WITH DISABILITIES IN THE HOUSTON METROPOLITAN AREA AND ADJACENT RURAL COUNTIES

Final Report, Phase I

December, 1993

Robert M. Schacht, Ph.D.
Cindy Morris
Lee Gaseoma, M.A.

AMERICAN INDIAN REHABILITATION RESEARCH AND TRAINING CENTER

Institute for Human Development



Arizona University Affiliated Program

Northern Arizona University

PO Box 5630

Flagstaff, AZ 86011

(602) 523-4791

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American Indian Rehabilitation Research and Training Center
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PO Box 5630
Flagstaff, AZ 86011-5630
(602) 523-4791

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Acknowledgments

This study could not have taken place without the cooperation of many people in the Houston area. This survey was undertaken at the request of the Texas Rehabilitation Commission (TRC) and the Intertribal Council of Houston (ITCH). The TRC supported the project by providing funding for an on-site research coordinator, and by administrative support at the state and local levels. Several TRC state administrators have extended special support for this project, including James L. Jackson, executive deputy commissioner; Joellen Flores Simmons, deputy commissioner for rehabilitation services; Johnny Weddington, regional program specialist; Arnold Barrera, program director; and Frankie Watson, regional director. Locally, Larry Smith, area manager, and Richard Yahola (Muscogee), VR Counselor, have been instrumental in implementing the project.

The TRC also supported the project by initiating contact with the Intertribal Council of Houston. Preston Thompson, then chairman of the ITCH, welcomed our proposed study and helped get it started. A history of ITCH, written by Richard Yahola, is attached as Appendix A. We also received the support of Eleanor Borda (Apache) and Otelia Sanchez (Yaqui) of the Health Committee of the ITCH, and Dr. Jerry Strickland, dean of the School of Optometry at the University of Houston. Preston Thompson, Larry Smith, Richard Yahola, Walter Celestine (Alabama-Coushatta), and Paula Blaisdell (Sault Sainte. Marie Chippewa) helped recruit an on-site research coordinator for the project. This committee selected Cindy Morris (Alabama-Coushatta), who has been responsible for the day-to-day operations of the project.

Cindy Morris helped recruit a working group to decide what issues the survey should ask about. In addition to those already mentioned, participants included Jonathan Hook (Cherokee), Deborah Scott Douglas (Cherokee), Paulette Green (Choctaw), Pat Thompson, Don Terrazas (Texas Kickapoo), Earle "Ted" Cooke (Mohawk), William Canada (Hunkpapa, Lakota), Ted Weatherly (Kiowa), Moses Nakai (Navajo), and Diane Stearns (Cherokee).

Interviewers trained for the project included Dorice Sevier (Cherokee), Jonathan Hook, Fairy Gholston (Potawatomi), Teresa Bryant (Choctaw and Cherokee), Sallie Dietrich (Cherokee), Cheryl John (Alabama-Coushatta), Lynn Iris (Cherokee), Paula Blaisdell, Armando Rodriguez (Alabama-Coushatta), Otilia Sanchez, and Don Terrazas. Fairy Gholston also provided clerical assistance to Cindy Morris for the project.

This project would not have been possible without the cooperation of all of these people. Thank you, one and all!

Introduction

This survey was undertaken at the request of the Texas Rehabilitation Commission (TRC) and the Intertribal Council of Houston (ITCH). The TRC supported the project by providing funding for an on-site research coordinator, and by initiating contact with the ITCH. At the time this request was made, the TRC was collaborating with the American Indian Rehabilitation Research and Training Center (AIRRTC) in a similar survey in the Dallas-Fort Worth metroplex (Schacht, Hickman, & Klibaner, 1993). The Dallas-Fort Worth metroplex has the largest concentration of American Indians in Texas; the next largest concentration was in the Houston metropolitan area, which therefore represented the opportunity for a logical sequel.

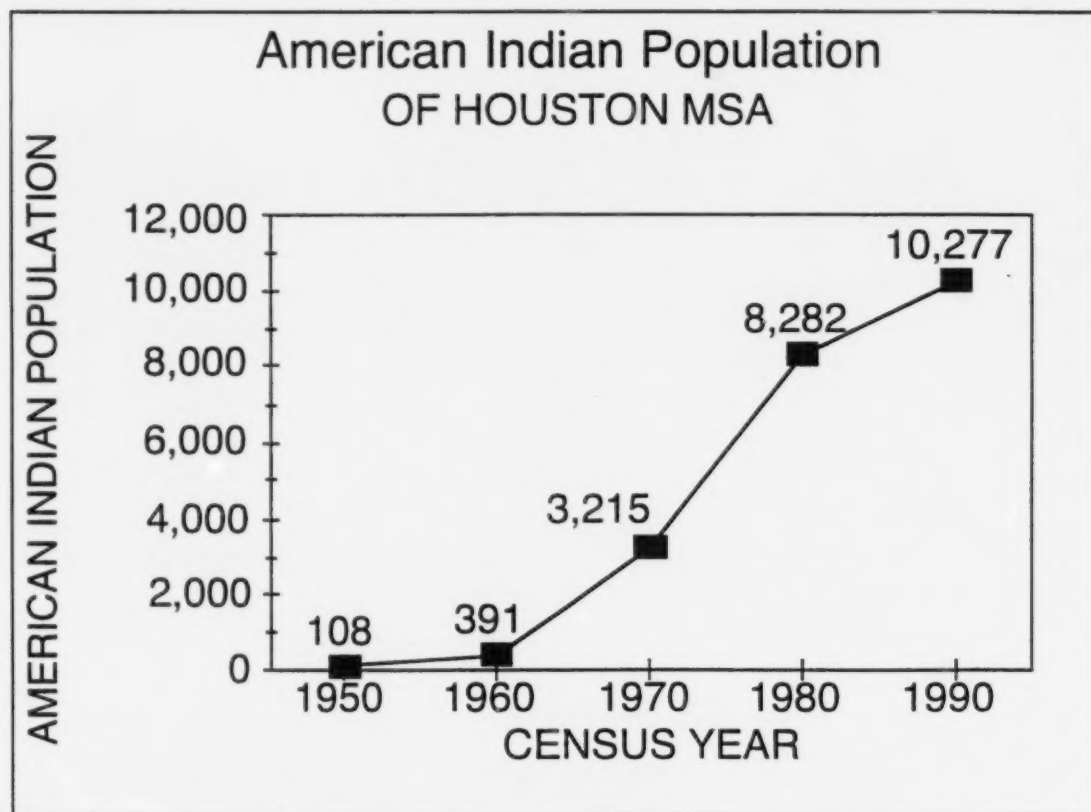
The American Indian community in the Houston metropolitan area differs in several respects from the one in Dallas-Fort Worth. One difference is that the ITCH (Appendix A) is younger than the Dallas Intertribal Council, and the Dallas Intertribal Center, established in 1971, has been able to offer a more extensive variety of health and economic services. Also, earlier studies of the Dallas American Indian Community (Goodner, 1969; McClure & Taylor, 1973), supplemented by aggregated data from client records at the Dallas Intertribal Center gathered for annual reports and grant applications, has provided a basis for a greater degree of self-awareness than has been possible in Houston. Nevertheless, the existence of the Intertribal Council of Houston, which has a suite of offices staffed daily, and their involvement with powwows and other community events provides a powerful if not yet well-known foundation for enhancing the welfare of the American Indian community in Houston.

History

To place the situation of the American Indians in Houston in historical perspective, a member of our working group called to our attention the Indian wars of the nineteenth century in Texas. It is a matter of historical record that during the days of the republic of Texas in 1838-1839, the president of the republic, Mirabeau B. Lamar, waged relentless war against the Indian inhabitants of Texas designed to defeat, expel, or exterminate them (Newcomb, 1961, p. 346; Kingston, Harris, et al., 1985, p. 182). By 1900, there were only 1,000 American Indians living in the entire state (Fehrenbach, 1968, p. 678).

Few Native Americans lived in the Houston metropolitan area prior to the implementation of the Bureau of Indian Affairs' relocation program in the 1950s. In 1950, the U.S. census identified only 108 American Indians in the Houston Metropolitan Statistical Area (MSA) and only 184 in Harris County as a whole. As late as 1960, only 391 American Indians were identified in the Houston MSA, which at that time coincided with Harris County. During the 1960s, however, the American Indian population of the Houston MSA and of Harris County increased enormously (Figures 1, 2).

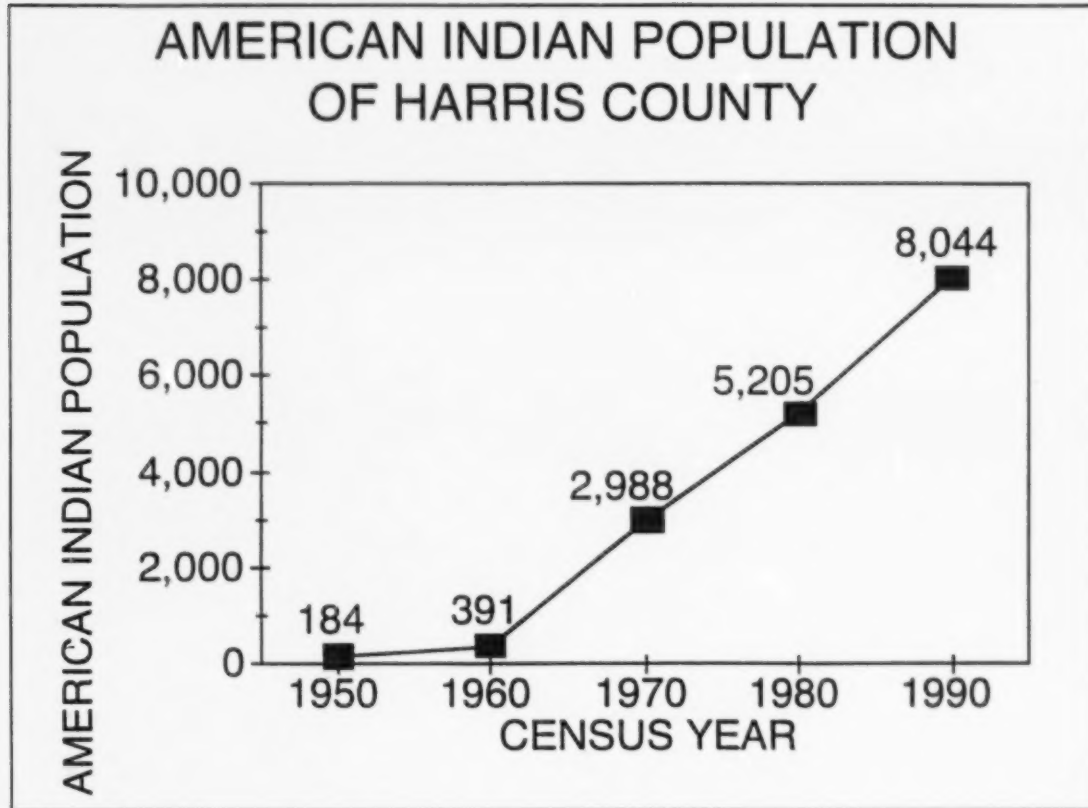
Figure 1.



The growth of the American Indian population of the Houston MSA is complicated because the definition of the area encompassed by the MSA changes with every census. Since the size of Harris County is more stable, the growth of its American Indian population (Figure 2) may provide a better indicator of this growth rate in the Houston area. These data imply that the American Indian population in Harris County since 1960 has been growing at the rate of about 255

per year over the past 30 years. The comparable rate for the Houston MSA (Figure 1) is 330/year.

Figure 2



According to the U.S. census, most (8,044; 64%) of the American Indian population in the study area was in Harris County. All of the other counties had fewer than 1,000 American Indians. Among the cities, Houston had by far the most American Indians (4,126), but two thirds of the American Indian population in the area lived outside of the city of Houston. In all cities, towns, suburbs, etc., with more than 100 American Indians, the American Indian percentage of the population is less than 1% (Table 1). The percentage varies from .60% (Livingston) down to .19%, with an average of .31%.

Table 1

Summary Of Addresses Given By Interviewees. By City

PLACE	COUNTY	1990 TOTAL POPULATION	AMERICAN INDIAN POP.(1990)	PERCENT INDIAN	INTER- VIEWS	TARGET
Houston	Harris	1,630,553	4,126	0.25%	95	49
Pasadena	Harris	119,363	579	0.49%	10	7
Beaumont	Jefferson	114,323	243	0.21%	2	3
Baytown	Harris	63,850	211	0.33%	1	3
Texas City	Galveston	40,822	165	0.40%		2
Port Arthur	Jefferson	58,724	147	0.25%		2
Galveston	Galveston	59,070	144	0.24%		2
La Porte	Harris	27,910	140	0.50%	1	2
Deer Park	Harris	27,652	120	0.43%	2	1
Spring	Harris, Montgomery	33,111	117	0.35%	9	1
League City	Galveston	30,159	103	0.34%		1
Missouri City	Fort Bend	36,176	102	0.28%		1
Channelview	Harris	25,564	94	0.37%	2	1
Alvin	Brazoria	19,220	91	0.47%	1	1
Kingwood	Harris	37,397	79	0.21%		1
Conroe	Montgomery	27,610	72	0.26%	2	1
Lake Jackson	Brazoria	22,776	71	0.31%		1
Friendswood	Galveston	22,814	68	0.30%		1
Pearland	Brazoria	18,697	64	0.34%	1	1
Mission Bend	Harris	24,945	63	0.25%		1
The Woodlands	Harris, Montgomery	29,205	61	0.21%	2	1
Humble	Harris	12,060	51	0.42%	1	.6
Jacinto City	Harris	9,343	47	0.50%	2	.5
Sugarland	Fort Bend	24,529	47	0.19%	1	.5
Livingston	Polk	5,019	30	0.60%	9	.4
Katy	Fort Bend	8,005	26	0.32%	1	
Webster	Harris	4,678	23	0.49%	2	.3
Galena Park	Harris	10,033	19	0.19%	1	.2
Tomball	Harris, Montgomery	6,370	19	0.30%	1	
Kemah	Galveston	1,094	3	0.27%	1	
Porter Heights	Montgomery	1,444	2	0.14%	3	
Magnolia	Montgomery	940	2	0.21%	5	.02
All places	TOTAL	4,079,566	12,553	0.31%	155	150

The American Indian population is scattered throughout the area, being less than 1% of the population of almost every unit of the census. However, certain census tracts in Polk County have a higher percentage, probably because they include portions of the Alabama-Coshatta Reservation or adjacent areas. In addition, there are a few neighborhoods within Houston that were more than 1% American Indian (Tracts 220.1, 344), but these were reported to have no more than 32 American Indians each. Two adjacent census tracts (355.02 & 358.02) near Red Bluff General Hospital, when combined, were reported to have 112 American Indians, constituting .92% of the total population in that neighborhood. Consequently, except for the Alabama-Coushatta Reservation, there seem to be no remarkable concentrations of American Indians in southeast Texas. Instead, that population is scattered among the general population of the area.

The U.S. Census (1990, STF3C) also provides information about the overlap between the categories of American Indian (considered a "race" by the census) and the population of Hispanic origin: 21% of the American Indian population of Houston is also considered of Hispanic origin; 79% is not.

Organizations

The Intertribal Council of Houston. In the Houston area, there are several American Indian organizations and agencies. The oldest of these organizations is the Intertribal Council of Houston. This 501 (c) (3) nonprofit organization was formed in 1978 as a community-based American Indian council. The mission of the Intertribal Council of Houston is to promote a mutual understanding of American Indian culture, unite its diverse membership, cultivate a common ethnic pride while mainstreaming with city life, and maintain American Indian cultural heritage for future generations. The Intertribal Council of Houston started with a small number of members who were meeting in a backroom at Naranjo's World of American Indian Art in Chelsea Market for many years. Since receiving a donation of office space from an American Indian member, Dr. Jack Jensen (Potawatomi), the Intertribal Council has been housed at 9180 Old Katy Road in the Athletic Orthopedic Rehabilitation Building. The business office has been in existence there since July 20, 1993. The Intertribal Council has grown in the number of members and supporters over the years. Membership is at 1,000 at this time, and fifty-two (52) nations are represented in this number. The Intertribal Council has a board of directors, consisting of five members, a chairman, vice-chairman, sergeant at arms, treasurer and ombudsman, and an executive director. These positions are all volunteer. Elections are held every two years, with the positions staggered so that continuity is maintained. An open Board of Directors meeting is held the first Monday of every month.

The Intertribal Council structure utilizes committees and committee chairpersons or co-chairpersons. The following committees are in place; powwow, health, education, hospitality, telephone, newsletter, fund raising, membership, building, and other ad hoc committees, as necessary. Activities of this organization include an annual powwow, which has grown tremendously in attendance through the last five years. A monthly benefit powwow takes place every second Saturday of the month, presently at St. Pius church gym in Pasadena. Admission is free. The organization publishes a monthly newsletter, *Tribus*, to keep members informed of upcoming activities and American Indian

issues. Other activities include the protest of commercialization or exploitation of the American Indian, and efforts to educate the general public against stereotypical thinking about American Indians and present a true picture of the cultures. Another activity was the protest of the excavation of a Karankawan burial site in Galveston.

The Intertribal Council of Houston has also hosted a first annual Thanksgiving luncheon in an effort to educate the Houston community on the holiday. Other events include a first annual Christmas party for the children of Intertribal Council members, an Easter-egg hunt for the children and a fourth Friday movie night for families.

With the establishment of a business office and support staff, an information and referral service was initiated for health, education, and housing. Following the death of a well-respected member of the Intertribal Council, a donation in his name by family members served to establish a library of books and movies for the members of the council. The education committee is working toward establishing an education program in public schools. The health committee is working toward the goal of establishment of a health-care facility and has previously held free health fairs. An eye-care program is offered to members through the College of Optometry at the University of Houston. The Texas Rehabilitation Commission also had an office space allotted for the American Indians with Disabilities survey project at the Intertribal Council offices. The Southeast Texas Survey of American Indians with Disabilities was conducted in twelve counties. The following counties were included; Harris, Montgomery, Polk, Jefferson, Brazoria, Fort Bend, Galveston, Orange, Liberty, Hardin, San Jacinto, and Chambers, with the primary focus on Harris county.

The Cherokee Cultural Society. Another Houston organization is the Cherokee Cultural Society. This 501 (c) (3) nonprofit organization will celebrate its' first anniversary in October of this year. The purpose of the Cherokee Cultural Society of Houston is to build community, to preserve Cherokee heritage, to perpetuate the Cherokee culture, and to build for the future of the Cherokee people. The organization publishes a monthly newsletter, *The Cherokee Messenger*, to inform members of upcoming activities.

The structure of the Cherokee Cultural Society is a board of directors, including president, vice president, secretary, and treasurer, and a general membership. A general monthly meeting is held the third Thursday of every

month. The Cherokee Cultural Society utilizes committees, and these include: business/professional networking, genealogy, language studies, Cherokee medicine circle, creation circle, creative writing, newsletter, planning, telephone/new membership, and ad hoc committees as necessary. The activities of the Cherokee Cultural Society include language study, beading classes, an annual Native American Thanksgiving picnic, and a Cherokee cookbook fundraising project. An eye-care program is offered to members through the College of Optometry at the University of Houston. The organization strives to maintain contact with the Cherokee Nation in Tahlequah, Oklahoma, and regularly features speakers from the Cherokee Nation and planned a car caravan to attend the Cherokee National Holiday in September 1993.

American Indian Association. The Houston organization of the American Indian Association was formed in December 1992. This 501 (c) (3) entity is a service organization with no general membership. The purpose is to focus on educational opportunities in the community, and the AIA also offers information and resource counseling. The structure is a board of directors.

American Indian Chamber of Commerce. The American Indian Chamber of Commerce of Texas/Houston Chapter held its first general membership meeting on September 15, 1993. The structure of this chapter of a statewide organization is a board of directors, president, executive vice president, vice president, treasurer, secretary, and an executive director. All board member positions are elected and are volunteer positions. The executive director is a paid position. The American Indian Chamber of Commerce/ Houston Chapter also includes committees, which consist of membership, membership directory, education/mentoring, health, newsletter, ambassador, and the special programs committee. Membership of this newly formed organization is already at approximately 40-45 people. Initial meetings to form this organization included the board of directors of the Dallas-Fort Worth Chapter. The mission of the chamber is to assist American Indian-owned businesses in providing leadership and guidance to the community in developing entrepreneurial skills and abilities, improve management experience and expertise, further educate American Indian youth, and serve as representatives of the American Indian community in the business world. The chamber is also open to non-Indians.

Indian Churches. Houston is the home of the First Indian Baptist Mission. This church was established in January 1984 and is located at 200 West. 20th at Rutland Street in the Heights area. Church services are on Sunday mornings and evenings, and a Wednesday midweek prayer service, with recreation time afterwards. Membership is approximately fifty people, and the church is currently seeking a congregational pastor. Another church is the newly formed American Indian Church, 5111 Lerwick, in the Addicks Dam area. This church meets on the second Sunday of every month at 1:00 p.m. The mission statement of this group is to reclaim, preserve, and promote the culture and spiritual values of the indigenous people of North America.

Other organizations. The Kiowa Taipei Society is an organization that hosts a regular monthly powwow in Pasadena, Texas, at the Salvation Army building. The membership of this organization is by invitation only, but the monthly powwow is a family-oriented event that anyone is free to attend.

The Native American Alcoholics Anonymous group is a newly founded program in Houston. This group meets once a week on Wednesdays.

The Alabama-Coushatta Employment and Training program has been in existence for many years. First housed on Yale Street in the Heights area, the office is now located in west Houston. This office is an outreach office from the Alabama-Coushatta Indian Reservation Jobs Training Partnership Act program. The purpose of this office is to assist American Indians in the area of training and employment in the urban setting.

Activities in the Houston community range from powwows most weekends, to attending Chamber of Commerce activities and other activities, as scheduled by the Intertribal Council of Houston. There are, at this time, no sports leagues formed.

Methodology

The basic methodology was the same as for the previous survey in Dallas-Fort Worth (Schacht, Hickman, & Klibaner, 1993). That is, after consulting with local organizations (in this case, TRC and ITCH), a Native American resident familiar with the local Native American community (Cindy Morris) was recruited and hired as on-site research coordinator. She then recruited several Native American working groups to help decide what questions to ask in the survey. One of these groups consisted of Native Americans with disabilities; the other group consisted of service providers interested in working with this target population. The questions relating to consumer concerns were created, or selected and modified, by the consumer working group.

The on-site research coordinator (Cindy Morris) and three others then received training at AIRRTC. During this process, additional changes were made in the questionnaire. This group, aided by Ron Hickman (Dallas project research coordinator) and his wife Joy (Dallas interviewer), then trained Native Americans from the Houston area whom Cindy Morris had recruited as interviewers.

Interviews were usually conducted by Native American interviewers trained and supervised by the Native American research coordinator (Cindy Morris). We sought permission from the Alabama-Coushatta Tribal Council to conduct interviews on their Reservation. However, our application was not approved. Therefore the research coordinator was instructed to make clear to all interviewers that no interviewing or recruiting was to take place on the reservation. However, members of that tribe who wanted to be interviewed could be interviewed, as long as the interview took place off the reservation.

Terminology

At a working group meeting of Native American advisors from the Houston area last December, we debated whether to use "American Indian" or "Native American" in this survey. The working group decided that they preferred the term "Native American." Therefore, this term was used throughout the survey questionnaire and is used in this report. The only exception is in the introduction in the description of information from the census, which uses the term "American Indian."

The working groups also discussed the issue of who qualifies as Native

American, for purposes of the survey. No uniform objective standard was agreed upon. The working *de facto* definition employed for the survey was that anyone willing to identify himself or herself as Native American, and who was accepted as such by the on-site research coordinator and the interviewer, was considered Native American as long as that person could name his or her tribal affiliation.

There were three essential features of the methodology. Two have already been described:

- (1) a "working group" consisting of members of the target community to develop the survey
- (2) a group of consumer concerns questions, created, selected, and/or modified by the working group for use in the survey

The third essential feature was a community meeting at which results of the concerns questions were presented to respondents, interviewers, and interested service providers for discussion and interpretation. The principal difference between the methodology of this project and its predecessors was that it took a more regional approach, targeting suburban and nearby rural counties as well as the urban metropolitan area.

Results

Distribution of Interviews

From January to June, 1993, a team of 13 Native American interviewers interviewed 155 Native Americans with disabilities in seven (7) counties in southeast Texas (Table 2). Of these, 80% were in Harris County. Another 15% were in two counties (Montgomery and Polk) north of Harris County; the Alabama-Coushatta Reservation is in one of these two counties (Polk). The remainder of the interviews were in counties on or close to the Gulf coast.

Table 2

Interviews By County

County	Main City	Inter-views	Pct.	Goal	
Harris	Houston	124	80%	94	62.9%
Montgomery	Conroe	14	9%	8	5.5%
Polk	Livingston	9	6%	8	5.4%
Jefferson	Beaumont	3	2%	7	4.6%
Brazoria	Lake Jackson	2	1%	10	6.5%
Ft. Bend	Missouri City	2	1%	6	4.2%
Galveston	Galveston	1	1%	9	6.0%
Orange	Orange	0	—	2	1.5%
Liberty, Hardin, San Jacinto, & Chambers	Liberty	0	—	5	3.4%
TOTAL		155	100%	150	100%

Goals for the number of interviews in each county were based on the 1990 census. In general, goals were exceeded in Harris county and the northern counties (Montgomery and Polk) but fell short in the counties along the Gulf coast (Table 2). Goals were also established for the number of interviews in the cities and towns of southeast Texas (Table 1). In general, these goals were exceeded in the two biggest cities (Houston and Pasadena) and a few smaller places such as Spring, Livingston, and Magnolia. Within Houston, interviews were scattered across the metropolitan area. The largest number of respondents (12) lived in ZIP code 77084. Nine lived in ZIP code 77019. There were no more than five respondents living in any other ZIP code.

Characteristics of Respondents

Sex and Age. Most (92, 59%) of the respondents were female. The respondents ranged in age from 9 to 75, but 90% were between 17 and 63 years of age. The average age was 39.

Tribal Affiliation. Although all respondents gave a tribal affiliation, 38% (59) said that they had a tribal ID, certificate of degree of Indian blood (CDIB), or voted in tribal elections. The most numerous tribal affiliation was with the Cherokee (Table 3).

Table 3

Tribal Affiliation

Tribal Affiliation of Respondents	Tribal ID, CDIB, or Tribal Voter				Total	
	Yes		No			
	n	%	n		n	%
Cherokee	14	26%	39		53	34%
Alabama-Coushatta, Alabama, Coushatta, or Alabama-Comanche	13	93%	1		14	9%
Cherokee (mixed ancestry)	5	26%	14		19	12%
Choctaw, Creek (Muscogee), or Chickasaw	9	56%	7		15	10%
Chippewa (all bands)	5	83%	1		6	4%
Potawatomi (all bands)	2	40%	3		5	3%
Yaqui, Yaqui/Comanche	0	0	4		4	3%
Comanche	0	0	4		4	3%
All Others	13	30%	30		43	28%
Total	59	38%	96		155	

Tribal identification was very high among the Alabama-Coushatta. It may be that this is related to the availability of services such as an IHS clinic on the reservation nearby. Perhaps one factor in the low degree of tribal identification in Houston is the lack of services that depend on tribal identification.

Length of Residence. Respondents indicated that they had lived in Houston up to 70 years. The average length of residence was 21 years. There were 14 who have lived in the area less than five years. Fifteen had lived in the area at least 44 years, at a time when U.S. census data recorded only 184 American Indians in Houston. Many of the respondents moved frequently: 24 had moved more than once a year for the past five years, and 112 had moved at least once in the past five years.

Disabilities. Respondents were asked to describe their condition, long-term illness, handicap(s), disability, or disabilities. The results are listed in Table 4. The most common disabilities were visual impairments and low vision. Many respondents had more than one disability; in fact, the respondents had an average of about 3 (2.8) disabilities each.

Table 4
Disabilities

Disability	Frequency	% of 155
Visual Impairment	44	28%
Low Vision	43	28%
Anxiety	34	22%
Arthritis	33	21%
Substance Abuse, including alcoholism	32	21%
Hypertension (high blood pressure)	26	17%
Hearing Impairment	23	15%
Chronic Depression	22	14%
Orthopedic Disorder	22	14%
Diabetes	20	13%
Personality Disorder	20	13%
Specific Learning Disability	17	11%
Heart Problems	13	8%
Eating Disorder	10	6%
Scoliosis	10	6%
Lung Disorder	9	6%
Kidney Disorder	8	5%
Spinal Cord Disorder	8	5%
Neurological Impairment	7	5%
Cancer	6	4%
Asthma	6	4%
Blindness	4	3%
Traumatic Brain Injury	4	3%
Amputation	3	2%
Epilepsy	3	2%
Bipolar Disorder	2	1.3%
Stroke	2	1.3%
Tuberculosis	2	1.3%
Cerebral Palsy	1	.6%
Polio	1	.6%
Schizophrenia	1	.6%

436*

*Total is greater than 155 because some individuals have more than one disability.

Experience with Services. Respondents were asked to describe their experiences with services over the past year. The results show that the service most needed that was not received was *dental care* (Table 5.) The most common barrier to receiving services was lack of knowledge about the services. However, affordability was perceived as a barrier to some services (eye/vision care; dental care; help getting services; medical care). A similar set of questions about barriers to service delivery was addressed only to the 92 female respondents. The service the largest number needed but did not receive was a pap smear, followed closely by a mammogram (Table 6). In other words, it would appear that, in general, these Native American respondents experienced difficulty getting many kinds of preventive care services.

Table 5

Services Needed In Past Year But Not Received

Service	Interviewees needing but not receiving		Barriers		(Respondents could indicate more than one) Most Frequent Barrier
	n	%	n	%	
Dental care	75	48%	36	23%	Did not know of service
			35	23%	I could not afford to use the service
			31	20%	The services were not offered to me
Eye/Vision care	67	43%	37	24%	I could not afford to use the service
			31	20%	Did not know of service
Help getting services	56	36%	35	23%	Did not know of service
			20	13%	The services were not offered to me
			20	13%	I could not afford to use the service
Job help	51	33%	30	19%	Did not know of service
			19	12%	The services were not offered to me
Help with housing	38	25%	25	16%	Did not know of service
			17	11%	The services were not offered to me
Medical care	36	23%	24	15%	Did not know of service
			16	10%	I could not afford to use the service
			15	10%	The services were not offered to me
Counseling	32	21%	19	12%	Did not know of service
			13	8%	The services were not offered to me
Help with clothing	28	18%	23	15%	Did not know of service
			17	11%	The services were not offered to me
Help with food	27	17%	13	8%	Did not know of service
			11	7%	The services were not offered to me
Help with benefits	27	17%	13	8%	Did not know of service
			13	8%	The services were not offered to me
Help with tobacco- use problems	15	10%	7	5%	Did not know of service
Legal assistance	12	8%	6	4%	I could not afford to use the service
Help with drugs	7	5%	4	3%	I could not afford to use the service
Help with transportation	7	5%	4	2%	Did not know of service
Help with alcoholism	6	4%	4	3%	Did not know of service

Table 6

Services Needed In Past Year But Not Received by Native American Women (N=92)

Service	Interviewees needing but not receiving		Barriers		(Respondents could indicate more than one) Most Frequent Barrier
	n	%	n	%	
Pap smear	33	36%	18 12	20% 13%	I could not afford to use the service Did not know of service
Mammogram	31	34%	13 10	14% 11%	I could not afford to use the service Did not know of service
Prenatal care	2	2%	2	2%	The services were not offered to me
Help with low- birth-weight baby	2	2%	2	2%	The services were not offered to me

Consumer Concerns

Respondents were also asked a series of questions about issues affecting Native Americans with disabilities in the Houston area. Issue statements covered such subjects as: health, social services, transportation, housing, attendant and housekeeping services, public services, and government, media, education, employment, counseling, and advocacy. For each issue statement, they were first asked how *important* it was to them, and then they were asked how *satisfied* they were with it. Statements that were high in both importance and satisfaction can be considered as relative strengths; they are listed in Table 7. Statements that are high in importance but low in satisfaction can be considered as relative problems; they are listed in Table 8. The responses have been transformed to a scale from 0 to 100, where 100 represents *very important* or *very satisfied*. It is readily apparent from these results that virtually all of the statements are considered very important (scores are 83 or higher) but that even the relative strengths are relatively low in satisfaction (scores are 37 or lower).

Analyses of these concerns were also made on subgroups of the 155 respondents. In what follows, only differences in relative problems will be summarized.

Respondents with Native American Identification (n=59). These respondents said they had a tribal ID, a Certificate of Degree of Indian Blood

(CDIB), or voted in their tribal elections. Their responses are summarized in Table 8 in the columns with the heading "NAID." The averages in Table 8 show that these respondents attributed about the same importance to the nine highest-ranking problems and were not quite so dissatisfied as those without these indicators of tribal affiliation, although their satisfaction with these issues was also very low. The pattern of differences is small enough that the respondents seem to be very similar, whether or not they have indicators of tribal affiliation.

Counties other than Harris County. Respondents (n=31) from counties other than Harris rated three problems more highly than those in Harris county:

- (a) the affordability of utility bills
- (b) the availability of prevention and treatment programs in alcohol and substance abuse for all ages
- (c) access to the local media for addressing important issues for Native Americans with disabilities

Tribal affiliation: Alabama-Coushatta. Eleven respondents affiliated with the Alabama-Coushatta tribes rated four problems more highly than respondents affiliated with the other tribes:

- (a) the availability of financial assistance to pay for attendant and housekeeping services
- (b) the availability of emergency attendant services and relief care
- (c) the availability and adequacy of special door-to-door transportation services
- (d) the ability to call for and get help in an emergency

Disability: Blind or Visually Impaired. Respondents who were blind or visually impaired rated two problems more highly than Native Americans with other disabilities:

- (a) outreach services by social service providers to contact all Native Americans in the community who have a disability
- (b) the availability of affordable health care

Respondents affiliated with TRC. Two special problems perceived by respondents affiliated with TRC were:

- (a) the availability of accessible, safe, and affordable housing
- (b) the availability of affordable health care

Respondents affiliated with ITCH. One special problem perceived by these respondents was:

- (a) adequate access to the local media for addressing important issues for Native Americans with disabilities

Respondents not affiliated with ITCH or AIA. Most respondents (n=129) did not report any affiliation with ITCH or AIA. The special problem identified by this group was their lack of satisfaction with outreach services to contact all American Indians in the community who have a disability.

Youngest respondents (age 9-24). Special problems identified by this group of 22 respondents were:

- (a) the affordability of utility bills
- (b) the availability of financial assistance for Native Americans with disabilities who want to attend college or technical school
- (c) the lack of satisfaction with outreach services by social-service providers to contact all American Indians in the community who have a disability

Oldest respondents (age 55 or older). Special problems identified by the 19 respondents in this group were:

- (a) the affordability of utility bills
- (b) the lack of satisfaction with outreach services by social-service providers to contact all American Indians in the community who have a disability
- (c) the lack of satisfaction with a central resource for information and referral for services available to Native Americans with disabilities

Table 7

All Respondents, Relative Strengths (N=155)

Native American Consumer Concerns Report

CONCERNS BRIEF REPORT: TOP STRENGTHS AND TOP PROBLEMS

Item	Survey Question	Average Importance	Average Satisfaction	Strength Index
32	You can call for and get help in an emergency.	97%	37%	60
10	Affordable public transportation systems are accessible to people with disabilities.	91%	34%	56
12	Accessible and affordable emergency transportation, both local and city-to-city, is available to people with disabilities.	95%	32%	55
34	Native American religious, cultural, and social events are barrier-free and accessible.	94%	31%	54
11	Special door-to-door transportation services are available and adequate.	89%	30%	52
16	You have direct control over hiring and managing your personal-care attendant.	88%	30%	51
7	You can get help applying for welfare, food stamps, and other social services.	83%	31%	51

Table 8

All Respondents, Relative Problems (N=155)Native American Consumer Concerns Report
CONCERNS BRIEF REPORT: TOP STRENGTHS AND TOP PROBLEMS

Item	Survey Question	Sample Size:	Importance			Satisfaction			Problem Index		
			All 155	Naid 59	Diff.	All 155	Naid 59	Diff.	All 155	Naid 59	Diff.
19	Your local government responds to the needs of Native Americans with disabilities.		96	95	1	14	18	-4	91	88	3
25	Prospective employers and agencies focus on the strengths and abilities rather than on the problems and limitations of an applicant with a disability.		96	93	3	17	19	-2	89	87	2
20	Native Americans with disabilities are actively involved in directing and operating social programs designed to serve them.		96	93	3	17	22	-5	89	86	3
21	The public recognizes the strengths and conditions of Native Americans in the Houston area.		93	90	3	14	19	-5	89	85	4
1	Good mental-health care is available and affordable to Native Americans.		94	93	1	16	22	-6	89	85	4
30	Information about legal rights and self advocacy is available to Native Americans with disabilities.		95	95	0	18	23	-5	88	86	3
35	Financial assistance for examinations and reasonably priced assistive and high tech devices (wheelchairs, braces, hearing aids, adaptive technology, and so on) are available to Native Americans with disabilities.		96	95	1	22	24	-2	87	85	2
4	Health-care professionals have adequate knowledge of Native American cultures to provide effective and competent health care to Native Americans.		92	92	0	17	23	-6	87	84	3
33	Auto insurance is available to people with disabilities on the same basis as it is to non-disabled people.		92	89	3	17	29	-3	87	84	3
Averages			94	93	1	17	21	-4	89	86	3

Employment Information

When asked about their employment status, 57% of the respondents said that they were working for pay. Of these, two thirds (67%) said they were satisfied with their job, and three fourths (76%) were working full-time.

Of those who were not working for pay, 38% said they were not employed because of their disability; 14% said they were full-time students. Eleven percent said that they had been laid off, couldn't find a job, were looking for a job, were changing places, etc. Another 6% were retired, and 5% were retired on disability. Another 5% were homemakers, housewives, or full-time mothers.

A total of 32% of the respondents said they were looking for work. If all of these were among the unemployed, that would be 72% of the unemployed. Most of these (54%) had been looking for work for 1 to 9 months; 24% had been looking for 1 to 16 years, and 22% had been looking for less than one month.

The respondents were also asked to reflect about the problems they have experienced over the years finding or keeping a job. The most frequent problem (41% of respondents) was because of their disability (Table 9).

Table 9

Problems finding or Keeping a Job (in descending order of frequency)

Considering your work experience (paid or unpaid), have you ever had any problems finding or keeping a job?	Yes		No	Total
	n	%		
because of your disability	60	41%	87	147
because you don't have the right job skills that are needed	45	31%	102	147
because there are no jobs available where you live	39	27%	108	147
because employers don't give you a fair chance	36	25%	110	146
because of your age	36	24%	112	148
because you don't have enough money to look for work	31	21%	116	147
because of your sex	27	18%	120	147
because you don't have transportation	24	16%	123	147
because you don't know the best way to look for jobs	23	16%	123	146
because you don't know how best to fill out/write/interview	20	14%	127	147
because of your ethnic background	17	12%	129	146
because of home responsibilities	17	12%	130	147
because your English isn't good enough	6	4%	141	147

Discussion

This project achieved and even exceeded its goal of 150 interviews with Native Americans in the Houston metropolitan area. Although it failed to get permission to interview Native Americans with disabilities on the Alabama-Coushatta Reservation, 31 interviews with residents of six counties other than Harris County were obtained (Table 2).

At the community meeting on September 17, 1993, the reliability and validity of the results were called into question with special reference to the issue of how "Indian" the respondents really were. There are some indications that the degree of tribal identification was lower among these respondents. For example, only 38% (59) said they had a tribal ID, Certificate of Degree of Indian Blood (CDIB), or voted in tribal elections. This contrasts with the previous survey of this kind in Dallas-Fort Worth, where 85% had a tribal ID or CDIB (Schacht, Hickman, Klibaner, 1993, p. 14). Another survey of 108 Native Americans in Houston found that 85% were less than "full-blood" (AIHCA, 1992, p. 82). And yet, when the consumer concerns of the 59 Native Americans who had a tribal ID, CDIB, or voted in tribal elections were compared with all respondents (Table 8), responses did not differ markedly. Their assessments of the importance of each concern were very similar. There were some differences that may be important, however, in their level of satisfaction, particularly on two items, 1 and 4 (Table 8), in which the satisfaction levels, while very low for both groups, may be significantly lower for those without tribal identification. The meaning of this difference is not clear.

Before this survey and the AIHCA survey, it was unknown which tribal affiliations were most common in the Houston area. A comparison of the two surveys (Table 10) reveals that Cherokee was the most common tribal affiliation reported, but that even so, most Native Americans in Houston reported some other tribal affiliation.

Table 10

Tribal Affiliations in Two Surveys

Tribe	AIRRTC Survey	AIHCA Survey*
Cherokee	34%	28%
Cherokee (mixed ancestry)	12%	
Choctaw	6%	7.4%
Chippewa	4%	6.5%
Alabama-Coushatta	9%	(not reported)
Other (incl. mixed ancestry)	35%	58%
Total number of tribes	21 (unmixed)	26
Number of respondents	155	108

* AIHCA, 1992, p. 82

The most common disabilities were visual impairment (28%) and low vision (28%) (Table 4). Eye/vision care ranked second (Table 5) among services needed but not received (43% of respondents). The most common barriers to receiving eye/vision care were affordability and knowledge of service availability (Table 5). Ranking even higher among services needed, however, was dental care.

A group of other disabilities (anxiety, 22%; substance abuse, including alcoholism, 21%; hypertension/high blood pressure, 17%; chronic depression, 14%; personality disorder, 13%) may indicate high stress levels and mental health needs among the respondents.

Recommendations

Self-awareness of the Native American community in the Houston metropolitan area is a major factor in the delivery of effective services to this minority population. This is especially true because of the dispersal of Native Americans throughout the metropolitan area: native and non-native alike are often surprised when they find out how many Native Americans live there. Self-awareness is also affected by the social history of Texas: a hundred years ago, Native American were not welcome in Texas; and only a generation ago, according to census records, there were few Native Americans known to be living in Harris County. And before 1978, no pan-tribal organization of Native

Americans is known to have existed. Even today, the Intertribal Council is not well-known.

The fastest way for the Intertribal Council (and the Native American community in metropolitan Houston) to gain recognition and foster community self-recognition is to provide services—especially those identified by this survey as most needed. This can be most readily accomplished by offering facility space (e.g., a room in the ITCH suite of offices one or two days per week) and access to a client population in exchange for professional services. For example, if ITCH could dedicate one room in its suite of offices as a "clinic," it could then negotiate with various service providers to staff that clinic for screening examinations by that service provider on a predictable day of the week.

So, for example, Mondays could be for eye/vision tests, Tuesdays for dental examinations, Wednesdays for mental health counseling, Thursdays for vocational rehabilitation and job counseling, etc. Service providers would bring portable equipment and supplies, provide screening and diagnosis, and make referrals, if needed, for specialized services.

An important part of this plan would be a staff person who can provide information regarding financial assistance for services. This person need not be an expert but should know whom to call to help someone find out what financial assistance for various services they are eligible for. This service might be provided by the clinic's staff for that day, provided by the service provider, or subsidized by participating service providers in exchange for appropriate referrals. Establishing such clinics and keeping a daily log of the use of these services would provide ITCH with important evidence to support funding for applications for grants (e.g., to establish an IHS clinic).

These and other recommendation may be summarized as follows:

Establish an eye/vision clinic at ITCH one or two days per week. Dr.

Strickland at the College of Optometry, University of Houston, might be of some help in this regard. This recommendation is based on the high frequency of visual impairment and low vision among respondents and the large number of them who needed this service but didn't get it.

Establish a mental health clinic at ITCH one or two days per week. This recommendation is based on the high incidence of anxiety, substance abuse (including alcoholism), hypertension (including high blood pressure), chronic depression, and personality disorders among respondents, and its identification as one of the five highest ranking concerns among the respondents (Tables 4, 8).

Dr. Twan Nguyen at the Mental Health and Mental Retardation Authority of Harris County may be of some help in this regard, as well as mental health counselors associated with ITCH (e.g. Eleanor Borda, Sallie Dietrich, et al.).

Continue vocational rehabilitation and job counseling services weekly at regularly scheduled times at ITCH. It might be helpful in this regard for the Alabama-Coushatta Employment and Training Program (JTPA) to share an office with the Texas Rehabilitation Commission at ITCH or at least share a "clinic day" for this purpose. This service was needed but not received by one out of every three respondents (Table 5). These counselors should be conscious of advocating for the client's strengths and abilities with employers, as this emerged as one of the highest-ranking concerns among respondents (Table 8).

Develop a public advocacy position at ITCH. The need for lobbying with local governments, prospective employers and agencies, directors of social programs and health-care professionals, auto insurance companies, and the media were identified by respondents as major concerns (Table 8). This could also serve to draw Native Americans with disabilities to the clinics at ITCH as they gain confidence in the organization.

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Appendix A
Intertribal Council of Houston

INTERTRIBAL COUNCIL OF HOUSTON, INC.
The History of Intertribal Council: From Past to Present

Since 1978, the organization has been one of the leading Native American organizations in Houston, Texas, working to improve the lives of all urban American Indians. Intertribal first began when a group of concerned Houston Indians began efforts to protest the naval department's allowance of personnel to utilize both Indian Health Service and Public Health Service clinics and hospitals, but not all the American Indians had that choice of a local Public Health Service hospital. Hence, the group of concerned citizens needed some type of group identity in spite of the fact there were no existing tribes based in Houston. From this beginning, the idea of an "intertribal" organization was developed. In April 1978, Intertribal submitted articles of incorporation as a nonprofit organization.

Over the years, Intertribal has survived through the efforts of a handful of interested American Indians, hoping that someday the organization would begin to flourish. Meetings were held for many years in the back of the Naranjo's World of Indian Art and in an abandoned office at Chelsea Market in Houston.

Since 1989, ITCH has made efforts to host the annual Texas State Powwow Championships and hosts monthly powwows open to all persons interested in learning more about the Native American culture. The ITCH organization has led efforts to protect the integrity of American Indian people and has made every effort to protest local actions that we believe exploit the self-identity of the American Indian.

There have been numerous instances when Intertribal's American Indian membership have expressed themselves in the community. Examples of these protests included: a local restaurant, Luther's B-B-Q, using a drunk Indian on a horse to promote the sales of the restaurant; a commercial by Lexus showing how music from a compact disc player can play rain-dance songs, which can cause rain; and protest of recent excavation in a Galveston construction site, which unearthed the remains of people indigenous to the area hundreds of years before Columbus landed at the New World.

Other activities continuing include creating an educational program within the public school system for American Indians, efforts to create a health referral and clinic center, and direct involvement with the Texas Rehabilitation Commission in working with American Indians with mental and physical disabilities. Also, with the recent donation of office space by Dr. Jack Jensen, a Potawatomi Indian, Intertribal is beginning efforts to create an office that can be used as a resource center to serve the American Indian population in the greater Houston/Gulf coast region.

Intertribal now has in excess of 1,000 members, and American Indians representing in over 40 federally recognized tribe and Alaska entities.

Richard Yahola

Appendix B
American Indian Organizations
in Houston

HOW TO CONTACT THESE HOUSTON ORGANIZATIONS:

INTERTRIBAL COUNCIL OF HOUSTON

9180 Old Katy Road, Suite 203
Houston, TX 77055
(713) 723-0382

CHEROKEE CULTURAL SOCIETY

P O Box 1506
Houston, TX 77402
(713) 723-0382

AMERICAN INDIAN ASSOCIATION

3603 Chenevert
Houston, TX 77004
(713) 550-7472

AMERICAN INDIAN CHAMBER OF COMMERCE OF TEXAS
HOUSTON CHAPTER

P O Box 55947
Houston, TX 77255
(713) 932-1877

NATIVE AMERICAN ALCOHOLICS ANONYMOUS GROUP

Sallie Dietrich—Contact person
(713) 529-9999

KIOWA TIA PLAH SOCIETY

Ted Weatherly—Contact person
(713) 674-1017

ALABAMA-COUSHATTA EMPLOYMENT AND TRAINING

10301 Northwest Freeway, Suite 410
Houston, TX 77092
(713) 956-7078

AMERICAN INDIAN BAPTIST CHURCH

200 West 20th at Rutland
Houston, TX 77008
(713) 691-2862 or 862-6655

AMERICAN INDIAN CHURCH

5111 Lerwick
Houston, TX 77084
(713) 859-3314